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CONFIRMATION NO. 1330

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|---|---|-------------------------------|---|--|
| SERIAL NUMBER 10/672,833 | FILING OR 371(c) DATE 09/26/2003 RULE | CLASS 600 | GROUP ART UNIT 3735 | ATTORNEY DOCKET NO. NNI-0005 |
| APPLICANTS Mark Edward Riehl, Doylestown, PA; ** CONTINUING DATA ***** <i>CHB</i> This appln claims benefit of 60/452,477 03/07/2003 ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/18/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>CHB</i> Examiner's Signature <i>CHB</i> Initials | | STATE OR COUNTRY PA | SHEETS DRAWING 26 | TOTAL CLAIMS 69 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 23377 | | | | |
| TITLE Reducing discomfort caused by electrical stimulation | | | | |
| FILING FEE RECEIVED 881 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |